United States District Court

for the

Eastern District of New York

| SHAQUANA COVINGTON, Individually and For Others Similarly Situated, |))) |
|---|---------------------------------|
| Plaintiff(s) |) |
| V. |) Civil Action No. 1:25-cv-2980 |
| NAE EDISON, LLC d/b/a EDISON HOME HEALTH CARE |))) |
| Defendant(s) |) |

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) NAE Edison, LLC d/b/a Edison Home Health Care c/o Corporation Service Company 80 State Street Albany, New York 12207

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney, whose name and address are: Richard J. (Rex) Burch

BRUCKNER BURCH, PLLC 11 Greenway Plaza, Suite 3025 Houston, Texas 77046

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint.

You also must file your answer or motion with the court.

Date: 6/2/2025

BRENNA B. MAHONEY CLERK OF COURT

SONIA GALEANO

Signature of Clerk or Deputy Clerk

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Civil Action No. 1:25-cv-2980

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

| | This summons for (name | ne of individual and title, if any) | | | |
|--------|--|-------------------------------------|---------------------------------|----------|---|
| was re | ceived by me on (date) | <u> </u> | | | |
| | ☐ I personally served | the summons on the individual a | t (place) | | |
| | | | on (date) | ; or | |
| | ☐ I left the summons at the individual's residence or usual place of abode with (name) | | | | |
| | on (date), a person of suitable age and discretion who resides the, and mailed a copy to the individual's last known address; or | | | | |
| | | | | | |
| | ☐ I served the summo | ns on (name of individual) | | , who is | s |
| | designated by law to accept service of process on behalf of (name of organization) | | | | |
| | | | on (date) | ; or | |
| | ☐ I returned the summ | nons unexecuted because | | ; 01 | |
| | ☐ Other (specify): | | | | |
| | My fees are \$ | for travel and \$ | for services, for a total of \$ | 0.00 | |
| | I declare under penalty | of perjury that this information | is true. | | |
| Date: | | | | | |
| Date. | | | Server's signature | | |
| | | | Printed name and title | | |
| | | | Server's address | | |

Additional information regarding attempted service, etc: